MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/570665 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7			1				57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
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18							68						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⇩	2	⇩		⇩	TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.		⇦	11	⇦		⇦	TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS			13				TOTAL CLAIMS						